

**Dear Parent/Guardian:**

We are so excited that you are considering Vacation Bible School at Mount Tabor United Methodist Church. Our theme this year is “Galactic Blast – A Cosmic Adventure Praising God.” Each day of VBS will include games, Bible lessons, crafts, songs and music and times of fun and fellowship.

VBS will run each night Monday through Friday, June 27-July 1, 2011. We will begin each night with a light, kid-friendly dinner at 6 PM (parents and families are invited to join us). Children will rotate together through the various stations from 6:30 – 8:30 PM.

VBS is open to all children in grades 1-8 – preschoolers are welcome with accompanying parent and/or prior notification to our director. Teens are welcome to serve as helpers/lab assistants (we are working with the local school system to gain approval status for community service hours). If you have preschoolers who would like to attend with his/her older sibling, please contact our director, Robin Lechliden at rlechliden@aol.com.

We also welcome any assistance you may be willing to provide (volunteer, financial, preparation, etc.) There is no charge for VBS at Mount Tabor, however we will be accepting donations to help offset the costs of our nightly dinners, as well as collecting funds/items for a mission project held throughout the week.

Please fill out the enclosed registration form and mail back to our director:

**Mount Tabor United Methodist Church  
P.O. Box 191  
Damascus, MD 20872  
Attn: Robin Lechliden**

Please return no later than **June 15** so we can plan accordingly.

We look forward to a fun-filled week with you and your children!

Sincerely,

Kathy Altman, Pastor  
Mount Tabor United Methodist Church  
24115 Laytonsville Road  
Gaithersburg, MD 20882

**Mount Tabor United Methodist Church**

**Vacation Bible School June 27-July 1, 2011 Registration Form**

**Name of Child:** \_\_\_\_\_

**Grade Just Completed:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Emergency Contact: (person authorized to approve medical treatment)**

\_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Information :**

**Name of Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Insurance Holder:** \_\_\_\_\_

I authorize \_\_\_\_\_ to participate in all activities involved with Vacation Bible School June 27-July 1, 2011. In case of emergency, and in the event I cannot be reached, and you are unable to reach my emergency contact listed above, I authorize representatives of Mount Tabor United Methodist Church to seek medical treatment on behalf of my child. I hold Mount Tabor United Methodist Church and all representatives harmless for any accidents or injuries which may occur while my child is participating in this event.

**Signature:** \_\_\_\_\_